

Print Name: _____ Student ID: _____

Birthdate: _____

STUDY ABROAD STUDENT HEALTH INSURANCE COMPLIANCE FORM

To comply with Linn Benton Community College's Student Travel Abroad safety plan, students studying abroad must have health insurance that will cover them when in the country of study and while traveling to and from their destination/s. Students must maintain, and provide proof of, health insurance coverage from the first day leaving the United States until the day they return, thus insuring there is no lapse in coverage. Linn Benton Community College has available a policy that exceeds the benefits mandated below. If confirmation of insurance coverage during the study/travel abroad cannot be obtained, medical insurance will be secured through LBCC and a fee will be assessed to the student's account.

If covered in the country of study by other health insurance, please fill out the top portion of this form, have your insurance company fill out the bottom portion of this form, and return it to the Safety & Loss Prevention Department, RCH 121B, on main campus at least 4 weeks prior to travel to be considered for approval.

****Safety & Loss Prevention will not accept alternate insurance waiver forms after the due date. **PLEASE PRINT LEGIBLY BELOW.**

Student Release Information: I hereby permit my insurance company to release the following information to staff persons at Linn Benton Community College Safety & Loss Prevention Department. Also, I understand the international insurance requirements established by the LBCC and agree to abide by them. I understand alternate insurance policies are available for limited periods, charged on a weekly basis, not exceeding one year. I further understand that I must have my policy coverage reviewed at least one month prior to departure by the Safety & Loss Prevention Department. I understand that the insurance I have chosen may not be comparable to LBCC's Firebird International Insurance Plan. I also understand that by using an alternate plan, there is a potential for higher deductibles, co-pays and out of pocket expenses.

Without this alternate compliance form, I will provide LBCC's Safety & Loss Prevention Department the required information to obtain coverage at least one month prior to departure and an insurance fee will be added to my student account at the business office.

Print Name: _____ Signature: _____

Student ID: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE INSURANCE COMPANY:

INSTRUCTIONS FOR INSURANCE COMPANY COMPLETING THIS FORM: Please read carefully the list of mandatory benefits. Fill in completely the information requested below. Complete the form, print your name and position with the insurance company, and sign and date this form at the bottom of the page. Completed information may be returned to the student.

Insured's Name:

Last _____ First _____ Middle Initial _____

Insurance company: _____ Policy Number: _____

Email address: _____ Phone Number: _____

U. S. Claims Company Address: (IF AVAILABLE): _____

U. S. Claims Company Phone: (IF AVAILABLE): _____

Date Coverage Begins: _____ Terminates: _____

The insurance policy must include the following mandated benefits*:

1. Coverage Period: **Coverage must include the entire period the student will be abroad to include travel to and from the country of destination.**
2. Basic Benefits: Inpatient hospital services, physician office visits, physician fees, surgeon fees, ambulance, emergency hospital services, outpatient services, and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 70% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.
3. Inpatient Mental and Nervous Disorder Health Care: (to include drug and alcohol abuse) Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees with a minimum 30-day cap per benefit period.
4. Outpatient Mental and Nervous Disorder Health Care: (to include drug and alcohol abuse) Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30 (preferably 40) sessions per year.
5. Maternity Benefits: Must be treated as any other temporary medical condition and paid at no less than 80% of usual and customary fees in-network or 60% out-of-network.
6. Repairs to sound, natural teeth required due to an injury. Fees must be paid at 80% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 70% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.
7. Inpatient/Outpatient Prescription Medication: Must include coverage of \$1,000 or more per policy year.
8. Repatriation: Minimum \$10,000 (coverage to return the student's remains to his/her native country).
9. Medical Evacuation: Minimum \$25,000 (to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge).
10. No Exclusion for Pre-Existing Conditions
11. Minimum coverage: \$200,000 for covered injuries/illnesses per policy year.
12. Insurance Carrier must have an "A" rating or above per Part 62.14(c)(1) of Section 22 of the Code of Federal Regulations.
13. Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.
14. If claims are paid directly to the provider, payment must be in a form and currency acceptable to the providing organization.
15. Will student be eligible to purchase the insurance for the full period of travel abroad?

This insurance policy meets the minimum requirements listed above.

TO THE INSURANCE COMPANY REPRESENTATIVE: Please read and sign the following: I have verified the information on this form. I certify that the coverage indicated is now in force. If the above noted policy is terminated I will notify Linn Benton Community College's Safety & Loss Prevention Department, 541-917-4940, immediately.

Print Name: _____ **Position:** _____
Signature: _____ **Date:** _____

Important Information About Firebird International Student Travel Abroad Health Insurance

Firebird International Insurance Plan:

- Information on this plan can be found at: https://drive.google.com/file/d/1tjSdEqX_GPRjBOFUuqtwI7Q1BpncugA/view
- The fee for this plan is automatically assessed on the student's account when student information has been provided to the Safety & Loss Prevention Department and the insurance is in place. (Unless a waiver for alternate insurance has been submitted and approved at least one month prior to departure).
- One of the major benefits of this plan is that most health/accident services needed are covered at 100% of reasonable expenses with no copay, deductible, or % of responsibility.
- Students will have 24/7 access to a FIIG servicing agent. This is an addition to any 24 hour customer service lines that may be available by many of the companies we represent.

Alternate Insurance Waiver Plan:

- In order to apply for alternate insurance, students must submit a Study Abroad Student Health Insurance Compliance Form. This form is located on pages 1 and 2 of this document. The Insurance Company must complete page 1 and all fifteen questions on page 2 and then sign and date the document.
- This form may be submitted in the following formats:
 - Email the form to Cliff Carpentier at carpenc@linnbenton.edu or for questions call 541-917-4940
 - Hand deliver or mail the form to Safety & Loss Prevention, Linn Benton Community College, RCH 121B, 6500 SW Pacific Blvd., Albany, OR 97321
- This form must be submitted at least 30 days in advance.
- Safety & Loss Prevention will not accept alternate insurance waiver forms after the due date.
- If alternate insurance compliance is not provided, insurance through Firebird International must be purchased and fees for the insurance plan will remain on the students' accounts.
- All payments and payment arrangements must be made through the LBCC Business Office.